



**KARNES CITY INDEPENDENT SCHOOL DISTRICT**

**Business Office**

404 Highway 123 • Karnes City, Texas 78118 • Phone: (830) 780-2321 • Fax: (830) 780-3823

**BUDGET AMENDMENT FORM**

Superintendent \_\_\_\_\_

**TO:**

\_\_\_\_\_ **Date**

\_\_\_\_\_ **From:**

\_\_\_\_\_ **Board Approved Date:**

Title of Program	From Account Number	To Account Number	Amount To Transfer
<b>Reason for Transfer:</b>			<b>Total</b>

Reason for Transfer:

Total

\_\_\_\_\_ **Signature**

\_\_\_\_\_ **Approved By:** Signature of Superintendent

**FOR BUSINESS OFFICE USE ONLY**

Funds Available  Yes  No

Approved By: \_\_\_\_\_  
Signature of Chief Financial Officer